U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/5 99	2. Fiscal Year Covered From:
*	1 / 1 / 2004 Through: 12 / 81 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name I EALON R RALEY	Name Teamsters Local 150
	Labor Organization File Number 003–293
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8050 SACRAMENTO ST.	Street 7120 East Parkway
City FAIR OAKS	City Sacramento
State CA ZIP Code + 4 9.5628	State Calif ZIP Code + 4 95823
5. Position in labor organization.	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed July	On 7-6-05 (914) 863 - 5215 Date Telephone Number